

**NORTH CAROLINA DEPARTMENT OF CORRECTION  
OFFICE OF VICTIM SERVICES  
VICTIM NOTIFICATION REQUEST**

Please print all information.

**NAME OF PERSON REQUESTING NOTIFICATION (CONTACT PERSON):**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
\_\_\_\_\_  
Street or Mailing Address Home Phone (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Alt. Phone (i.e. cell) (\_\_\_\_\_) \_\_\_\_\_

**YOUR RELATIONSHIP TO THE VICTIM:**

Please check the appropriate box to indicate the way that you are related to the victim(s) in this case. If you are a step-relative, please check the general category that describes your relationship to the victim(s). For example, if you are the victim's aunt or step-aunt, check the box next to "victim's aunt/uncle." I am the:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> direct victim of this crime. | <input type="checkbox"/> victim's sibling (brother/sister). | <input type="checkbox"/> victim's spouse (husband/wife).           |
| <input type="checkbox"/> victim's cousin.             | <input type="checkbox"/> victim's parent/guardian.          | <input type="checkbox"/> victim's aunt/uncle.                      |
| <input type="checkbox"/> victim's grandparent.        | <input type="checkbox"/> Please note other: _____           | <input type="checkbox"/> I do not wish to disclose my relationship |
| (ex: fiancé/e, girl/boyfriend/partner, etc)           |   |  |
| <input type="checkbox"/> not victim/interested party  |   |  |

**VICTIM INFORMATION:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
☐ Please check if the victim of this crime is under the age of 18. ☐ Please check if the victim of this crime is deceased.

**OFFENDER INFORMATION**

**Offender is:** ☐ in prison ☐ on parole ☐ on probation/post-release supervision

Name: \_\_\_\_\_ NC DOC Number (if known) \_\_\_\_\_

Crime(s): \_\_\_\_\_  
\_\_\_\_\_

Docket Number(s) \_\_\_\_\_ County \_\_\_\_\_

**NEWSLETTER REQUEST:**

- ☐ Check the box if you would like to receive the Office of Victim Services' newsletter, *Advocacy in Action*.  
☐ Check this box if you would like to receive the newsletter via email and provide your email address \_\_\_\_\_

**NOTE: YOU ARE RESPONSIBLE FOR NOTIFYING THE OFFICE OF VICTIM SERVICES OF  
ANY CHANGE IN YOUR ADDRESS OR TELEPHONE NUMBER. WITHOUT CURRENT  
INFORMATION, WE CANNOT PROVIDE YOU WITH NOTIFICATION.**

**866-719-0108**

Please send this form to: N.C. Department of Correction  
Office of Victim Services  
2020 Yonkers Rd., 4223 MSC  
Raleigh, NC 27699-4223